

Prison Health Services
Inmate Informal Grievance

RECEIVED
59

Jeffery Gould

NAME

140977

AIS #

D-2-47

UNIT

5-4-05

DATE

PART A—Inmate Complainant

I HAVE HEPATITIS C AND I AM FORMALLY REQUESTING
TREATMENT. OF WHICH I'VE BEEN DENIED SIMPLY
SAID YOUR STAFF INFORMED ME I AM NOT HEALTHY ENOUGH
IS WHAT DOCTOR MACARTHY SAID. EVEN THOUGH I FIT THE
CRITERIA! I AM WILLING TO SIGN A WAIVER SO I CAN RECEIVE
THIS MEDICATION. OR EVEN PAY FOR FREEWORLD HOSPITAL
TREATMENTS I NEED THIS TREATMENT. I THINK I AM HEALTHY
ENOUGH. IF NOT APPROVED I FORMALLY REQUEST TO KNOW
WHY IN WRITING

INMATE SIGNATURE

PART B—RESPONSE

DATE RECEIVED

CBM HSA
~~See grievance form dated 5/1/05~~
See Attached grievance form.

MEDICAL STAFF SIGNATURE

DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT "B"

Prison Health Services
Inmate Informal Grievance

RECEIVED
42

NAME Jeff Gould AIS # 140977 UNIT D-2-4T DATE 4-26-05

PART A--Inmate Complainant

I HAVE HEPATITIS C! I HAVE REQUESTED TREATMENT OF WHICH I NEED & WANT. OTHER PEOPLE HERE ARE RECEIVING SAID TREATMENT. I THINK I AM BEING DISCRIMINATED BECAUSE MY BLOOD IS HARD TO OBTAIN.

Jeffery Gould
INMATE SIGNATURE

PART B - RESPONSE

DATE RECEIVED _____

See attached grievance forms.

Robert W. Hest
MEDICAL STAFF SIGNATURE

DATE _____

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT "B"

To Mr. Macarthy

Prison Health Services
Inmate Informal GrievanceRECEIVED
5-8

Jeffery Gould 140977 D-2-4⁺ 5-4-05
NAME AIS # UNIT DATE

PART A—Inmate Complainant

I HAVE HEPATITS C AND I AM FORMALLY REQUESTING
TREATMENT. OF WHICH IVE BEEN DENIED SIMPLY
SAID YOUR STAFF INFORMED ME I AM NOT HEALTHY ENOUGH
IS WHAT DOCTOR MACARTHY SAID. EVEN THOUGH I FIT THE
CRITERIA! I AM WILLING TO SIGN A WAIVER SO I CAN RECEIVE
THIS MEDICATION; OR EVEN PAY FOR FREEWORLD HOSPITAL
TREATMENTS I NEED AND WANT TREATMENT. I THINK I AM
HEALTHY ENOUGH; IF NOT APPROVED I FORMALLY REQUEST TO KNOW
WHY IN WRITING

Jeffery Gould
INMATE SIGNATURE

PART B—RESPONSE

DATE RECEIVED

—You do not qualify for treatment due to
because you do not meet medical criteria.

C. B. W. HSA
MEDICAL STAFF SIGNATURE
5/10/05

DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
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V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT "B"

Prison Health Services
Inmate Informal Grievance

STATUS

RECEIVED

NAME Jeffery Gould AIS # 140977 UNIT D-2-4T DATE 5-16-05

PART A--Inmate Complainant

I AM FORMALLY REQUESTING TREATMENT FOR HEPATITIS C!
OF WHICH I ACQUIRED HERE AND AT STATION! I HAVE FILED 5 INFORMAL

GRIEVANCES WITHOUT RECEIVED REPLY'S IN WRITTING! I NEED THIS
TREATMENT. HAVE MET THE CRITERIA TO HAVE TREATMENT. AT THIS
POINT I AM FORMALLY SEEKING TREATMENT. OR A WRITTEN REASON WHY

I AM NOT. WHILE OTHER INMATES ARE RECEIVING SAID TREATMENT
I THINK I AM BEING DISCRIMINATED AGAINST BECAUSE MY BLOOD
IS HARD TO OBTAIN. I NEED A REPLY IN WRITTING FOR MY RECORDS
AND SO I MIGHT BE ABLE TO UNDERSTAND! AND I NEED A FORMAL
GRIEVANCE TO REPLY WITH

Jeffery Gould
INMATE SIGNATURE

PART B--RESPONSE

DATE RECEIVED

1) Your grievance have been answered and returned
to Lt. Robinson. He stated previously, you plan a
do not medically qualify due to your low
platelet count.

Barry Hester
MEDICAL STAFF SIGNATURE

5/19/05
DATE

If resolution has not occurred and you wish to file a formal grievance you may request a
grievance form from the Health Services Administrator. Return the completed grievance
form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT "B"